## U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION COMPLIANCE DIVISION STOP 3604 WASHINGTON, DC 20250-3604

APPLICATION FOR DESIGNATION TO PERFORM OFFICIAL FUNCTIONS UNDER THE U.S. GRAIN STANDARDS ACT AS AMENDED

Public reporting burden for this collection of information is estimated to everage. I hour-per-response, including the time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing the burden, to USDA, CRIM, Clearance Officer, Room 404-W, Washington, DC 20250. When replying refer to the OM8 Number and Form Number in your letter.

FORM APPROVED: OMB NO. 0580-0013

This application must be completed and approved before an individual or government approved before an individual or government agency may be considered for designation to perform official functions under the U.S. Gran Standards Act, as amended (7 U.S.C. 79).

NAME OF APPLICANT (Exact name of private firm or state organization):		
2. Area (Identify which geographic area is being applied for):	3. Scope of Services	
• • •	Official Inspection Official Weighing	
4a. Business location and phone number:	4b. Mailing Address (If different from 4s).	
A separate list may be furnished for the following information.		
5. Identify below the type of organization and ownership, if a private agency.		
State Organization - List names and titles of all officials (i.e., Coorganizational chart of the state bureau or department conductions)	Commissioner, Director, Division or Bureau Chief, Official Agency Manager). An ting inspection/weighing program should also be submitted.	
Sole Proprietorship - List name of owner.		
Partnership - List name of partners and percentage of ownership of each partner.		
Corporation - List names of stockholders and percent of owners  Other - Identify type and list ownership. List trustees, if any.	sinp of each. List hames of others and directors.	
6. Furnish a list of names and mailing addresses (including zip code) of facilities requesting service.		
7. Full address and location of each specified service point, and whether full-time or part-time; and inspection or weighing, or both.		
8. Furnish a list of all non-licensed personnel, including the title of each person. A completed conflict-of-interest questionnaire must be submitted for each non-licensed person listed.		
9a. Name and title of Responsible Official (type or print):	9b. Name and title of manager or person responsible for the supervision and management of the grain inspection/weighing program. (If different from 9a).	
Signature of Responsible Official	Date	
FGIS FORM 942 (SEP 1999) Previous editions are obsolete		

6. (Continuation) Furnish a list of names and mailing addresses service.	(including zip code) of facilities requesting

7. (Continuation) Full address and location of each specified service point, and whether full-time or part-time; and inspection or weighing, or both.